

Anthem Small Group Off-Exchange Plans

Anthem										
Product	Guided Access-HMO-South									
Plan ID	Anthem Core Guided Access Plus w/ Dental grbf 750011	Anthem Core Guided Access Plus-gsbF 750012	Anthem Core Guided Access Plus-gtbf 750013	Anthem Core Guided Access Plus-grbf 750014	Anthem Essential Guided Access Plus-gzoa 750003	Anthem Essential Guided Access Plus w/ Dental gwoa 750004	Anthem Essential Guided Access Plus gyoa 750006	Anthem Essential Guided Access Plus-gkpa 750007	Anthem Preferred Guided Access Plus w/Dental- groa 750002	Anthem Preferred Guided Access Plus - gtoa 750010
Metal Level	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Gold	Gold
Medical Deductible	\$5,500	\$5,900	\$6,000	\$5,500	\$2,000	\$1,500	\$2,500	\$3,500	\$500	\$1,000
Coinsurance Member's Share	30%	0%	0%	30%	30%	35%	30%	30%	20%	20%
Medical OOP Max	\$6,350	\$6,350	\$6,350	\$6,350	\$5,000	\$6,350	\$5,000	\$5,000	\$5,000	\$4,500
Drug Deductible	\$0	\$500 on Tiers 2, 3,4	\$400 on Tiers 2, 3,4	\$0	\$250 on Tiers 2,3,4	\$500 on Tiers 2, 3,4	\$250 on Tiers 2,3,4	\$0	\$0	\$250 on Tiers 2,3,4
Drug OOP Max	\$3,500	\$3,500	\$3,500	\$3,500	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Child Dental	yes	no	no	no	no	yes	no	no	yes	no
Plan Factor	0.7948	0.7105	0.7778	0.7424	0.8590	0.8811	0.8401	0.8344	1.1077	1.0112
Base Rate	\$289.31									

Anthem										
Product	Guided Access-POS-North									
Plan ID	Anthem Core Guided Access Plus w/ Dental grbf 760011	Anthem Core Guided Access Plus-gsbF 760012	Anthem Core Guided Access Plus-gtbf 760013	Anthem Core Guided Access Plus-grbf 760014	Anthem Essential Guided Access Plus-gzoa 760003	Anthem Essential Guided Access Plus w/ Dental gwoa 760004	Anthem Essential Guided Access Plus gyoa 760006	Anthem Essential Guided Access Plus-gkpa 760007	Anthem Preferred Guided Access Plus w/Dental- groa 760002	Anthem Preferred Guided Access Plus - gtoa 760010
Metal Level	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Gold	Gold
Medical Deductible	\$5,500	\$5,900	\$6,000	\$5,500	\$2,000	\$1,500	\$2,500	\$3,500	\$500	\$1,000
Coinsurance Member's Share	30%	0%	0%	30%	30%	35%	30%	30%	20%	20%

Medical OOP Max	\$6,350	\$6,350	\$6,350	\$6,350	\$5,000	\$6,350	\$5,000	\$5,000	\$5,000	\$4,500
Drug Deductible	\$0	\$500 on Tiers 2, 3,4	\$400 on Tiers 2, 3,4	\$0	\$250 on Tiers 2,3,4	\$500 on Tiers 2, 3,4	\$250 on Tiers 2,3,4	\$0	\$0	\$250 on Tiers 2,3,4
Drug OOP Max	\$3,500	\$3,500	\$3,500	\$3,500	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Child Dental	yes	no	no	no	no	yes	no	no	yes	no
Plan Factor	1.0425	0.932	1.0202	0.9738	1.1267	1.1557	1.102	1.0945	1.453	1.3264
Base Rate	\$289.31									

Anthem										
Product	Direct Access-PPO									
Plan ID	Anthem Core Direct Access Plus HSA grdb 780001	Anthem Core Direct Access Plus HSA gsdb 780002	Anthem Core Direct Access Plus HSA gwdb 780003	Anthem Core Direct Access HSA gxua 780004	Anthem Core Direct Access HSA gvba 780005	Anthem Core Direct Access HSA gwua 780038	Anthem Core Direct Access Plus w/Dental grbf 780040	Anthem Core Direct Access grbf 780041	Anthem Core Direct Access Plus gsbf 780042	Anthem Core Direct Access Plus gtbf 780043
Metal Level	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
Medical Deductible	\$3,500	\$4,000	\$4,500	\$4,000	\$4,500	\$3,500	\$5,500	\$5,500	\$5,900	\$6,000
Coinsurance Member's Share	30%	20%	20%	20%	20%	30%	30%	30%	0%	0%
Medical OOP Max	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350
Drug Deductible	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	\$0	\$0	\$500 on Tiers 2, 3,4	\$400 on Tiers 2, 3,4
Drug OOP Max	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	\$3,500	\$3,500	\$3,500	\$3,500
Child Dental	no	no	no	no	no	no	yes	no	no	no
Plan Factor	0.8404	0.8385	0.8136	0.8693	0.8432	0.8854	0.9053	0.8732	0.8093	0.8859
Base Rate	\$289.31									

Anthem								
Product	Direct Access-PPO							
Plan ID	Anthem Essential Direct Access Plus gzoa 780018	Anthem Essential Direct Access Plus HSA gscb 780019	Anthem Essential Direct Access Plus w/Dental gwoa 780020	Anthem Essential Direct Access gpia 780022	Anthem Essential Direct Access gvia 780024	Anthem Essential Direct Access HSA gkta 780026	Anthem Essential Direct Access Plus gyoa 780034	Anthem Essential Direct Access Plus gkpa 780035

Metal Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
Medical Deductible	\$2,000	\$2,800	\$1,500	\$2,500	\$4,000	\$2,800	\$2,500	\$3,500
Coinsurance Member's Share	30%	20%	35%	20%	20%	20%	30%	30%
Medical OOP Max	\$5,000	\$4,000	\$6,350	\$6,350	\$6,350	\$4,000	\$5,000	\$5,000
Drug Deductible	\$250 on Tiers 2,3,4	Combined w/ Medical	\$500 on Tiers 2, 3,4	\$500 on Tiers 2, 3,4	\$250 on Tiers 2,3,4	Combined w/ Medical	\$250 on Tiers 2,3,4	\$0
Drug OOP Max	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical
Child Dental	no	no	yes	no	no	no	no	no
Plan Factor	0.9784	0.9626	1.0036	1.0042	0.9666	0.999	0.9569	0.9504
Base Rate	\$289.31							

Anthem			
Product	Direct Access-PPO		
Plan ID	Anthem Preferred Direct Access Plus w/Dental groa 780009	Anthem Preferred Direct Access gzea 780014	Anthem Preferred Direct Access gffa 780016
Metal Level	Gold	Gold	Gold
Medical Deductible	\$500	\$1,000	\$1,500
Coinsurance Member's Share	20%	20%	20%
Medical OOP Max	\$5,000	\$5,000	\$4,000
Drug Deductible	\$0	\$0	\$0
Drug OOP Max	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical
Child Dental	no	no	no
Plan Factor	1.2617	1.2164	1.1896
Base Rate	\$289.31		

*Plans may have different copayments on certain services and prescription drugs. Please check the schedule of benefits available from the carrier.

Anthem Small Group Off-Exchange Plans and Factors

Tobacco Factors	
Anthem	1.3

Area Factors	Anthem HMO	Anthem POS	Anthem PPO
1	0.9338	0	0.9009
2	1.1236	0	1.084
3	1.1449	0.9591	1.1046
4	0	1.0431	1.2012

Area	Counties					
1	Cumberland	Sagadahoc	York			
2	Knox	Kennebec	Lincoln	Oxford		
3	Androscoggin	Waldo	Franklin	Penobscot	Somerset	Piscataquis
4	Hancock	Aroostook	Washington			

Monthly Premium =(Base Rate* Plan Factor*Trend Factor*Area Factor*Age Factor*Tobacco Factor)

Cumulative Monthly Trend Factor	
January	1
February	1
March	1
April	1.0235
May	1.0235
June	1.0235
July	1.048166
August	1.048166
September	1.048166
October	1.0734268
November	1.0734268
December	1.0734268

Age Factors	
0-20	0.635
21-24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64 +	3.000

*Rates may be slightly off due to rounding. Please contact the carrier to receive an exact quote.

Maine Bureau of Insurance

10/2/2013